

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2006</b> <b>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</b>		Docket Number (Optional)  564682000100		
Application Number	10/763,431	Filed  January 22, 2004		
For BONE SCREW				
Art Unit	3733	Examiner  P. Philogene		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee  \$120	Small Entity Fee  \$60	\$ 120.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	Fee  \$450	Small Entity Fee  \$225	\$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	Fee  \$1020	Small Entity Fee  \$510	\$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	Fee  \$1590	Small Entity Fee  \$795	\$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	Fee  \$2160	Small Entity Fee  \$1080	\$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.				
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>28,055</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____.				
<u>/Barry E. Bretschneider/</u> Signature		January 31, 2007 Date		
<u>Barry E. Bretschneider</u> Typed or printed name		(703) 760-7743 Telephone Number		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
<input type="checkbox"/>	Total of <u>1</u> forms are submitted.			